

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 55

For Official Use Only

Statement covers period

from 07/01/2020

through 09/19/2020

Date of election if applicable:
(Month, Day, Year)

11/03/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1419393

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Vicki Nohrden For Senate 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Seaside</u>	<u>CA</u>	<u>93955</u>	<u>(831)915-4899</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Rafael</u>	<u>CA</u>	<u>94913-5703</u>	

OPTIONAL: FAX/E-MAIL ADDRESS
tom@politicalcommunicationsinc.com

Treasurer(s)

NAME OF TREASURER
Thomas Montgomery

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Rafael</u>	<u>CA</u>	<u>94903</u>	<u>415 250-4036</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
tom@politicalcommunicationsinc.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/23/2020 By Thomas Montgomery
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/23/2020 By Vicki Nohrden
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Vicki Nohrden

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: State Senator

California State Senate

Senate District

Senate District

29

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Seaside

CA

93955

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460 Page 3 of 55 I.D. NUMBER 1419393
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vicki Nohrden For Senate 2020

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$44,271.22	\$79,055.42
2. Loans Received	Schedule B, Line 7	\$0.00	\$10,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$44,271.22	\$89,055.42
4. Nonmonetary Contributions	Schedule C, Line 3	\$4,700.00	\$4,700.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$48,971.22	\$93,755.42

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$44,784.20	\$48,971.22
21. Expenditures Made	\$34,326.42	\$44,752.90

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$36,964.60	\$70,927.10
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$36,964.60	\$70,927.10
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$3,088.30	\$3,452.22
10. Nonmonetary Adjustment	Schedule C, Line 3	\$4,700.00	\$4,700.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$44,752.90	\$79,079.32

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$17,463.88	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$44,271.22	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$36,964.60	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$24,770.50	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$13,452.22

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 4 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2020	Duane Adams Santa Cruz, CA 95065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$150.00	2020P: \$50.00 2020G: \$100.00
7/8/2020	Duane Adams Santa Cruz, CA 95065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$250.00	2020P: \$50.00 2020G: \$200.00
7/20/2020	Michael Addison Carmel-by-the-Sea, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$200.00	\$300.00	2020P: \$100.00 2020G: \$200.00
8/4/2020	Dennis Allion Del Rey Oaks, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$200.00	2020P: \$100.00 2020G: \$100.00
7/1/2020	Suzie Anderson Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Academe Real Estste Realtor	\$50.00	\$100.00	2020G: \$100.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$40,995.00
2. Amount received this period - unitemized contributions of less than \$100	\$3,276.22
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$44,271.22

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>55</u>
I.D. Number 1419393		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vicki Nohrden For Senate 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2020	Suzie Anderson Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Academe Real Estste Realtor	\$50.00	\$100.00	2020G: \$100.00
8/3/2020	Chris Arend Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$200.00	2020G: \$200.00
9/8/2020	Arnold For Supervisor 2020; Debbie Irvine, CA 92618 Committee ID: 1342399	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2020G: \$1,500.00
9/18/2020	Kelly Baggett San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$125.00	\$125.00	2020G: \$125.00
8/22/2020	Gary Bang Templeton, CA 93465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$500.00	\$500.00	2020G: \$500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
through <u>09/19/2020</u>		
		Page <u>6</u> of <u>55</u>
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

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7/10/2020	Bareis Properties Atascadero, CA 93422	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2020G: \$100.00
8/19/2020	Bonnie Barton Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	2020G: \$100.00
9/19/2020	Bonnie Barton Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$200.00	2020G: \$200.00
7/10/2020	Margaret Bauer Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$500.00	\$500.00	2020G: \$500.00
7/2/2020	Glen Bennett Cambria, CA 93428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$300.00	2020P: \$175.00 2020G: \$200.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 7 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2020	Glen Bennett Cambria, CA 93428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$350.00	2020P: \$175.00 2020G: \$250.00
9/2/2020	Glen Bennett Cambria, CA 93428	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$400.00	2020P: \$175.00 2020G: \$300.00
7/31/2020	Carol Bettger Concord, CA 94519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020P: \$100.00 2020G: \$100.00
9/10/2020	Dianne Bitte Carlotta, CA 95528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25.00	\$100.00	2020P: \$25.00 2020G: \$75.00
7/28/2020	Loretta Bonjour San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	2020G: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 8 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2020	Bosshard Law & Mediation Watsonville, CA 95076	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2020G: \$100.00
8/4/2020	Carol Brennan Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$250.00	2020G: \$250.00
8/10/2020	Barbara Bridwell Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sierra Vista Hospital Stenographer	\$200.00	\$200.00	2020G: \$200.00
9/18/2020	Danielle Brown Baywood-Los Osos, CA 93402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed Teacher	\$200.00	\$200.00	2020G: \$200.00
8/24/2020	Gregory Bunton Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	2020G: \$100.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
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NAME OF FILER

Vicki Nohrden For Senate 2020

I.D. Number

1419393

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2020	Cheryl Burbach Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dwyane R Burbach DDS Office Manager	\$200.00	\$700.00	2020P: \$250.00 2020G: \$700.00
9/17/2020	Peter Byrne Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired Retired	\$100.00	\$100.00	2020P: \$149.00 2020G: \$100.00
9/19/2020	Linda Collins Pacific Grove, CA 93950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$200.00	\$200.00	2020G: \$200.00
8/19/2020	Virginia Cromwell Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	2020G: \$100.00
8/8/2020	Ron Cuff Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Fighting Dems and Drug Dealers	\$500.00	\$900.00	2020G: \$900.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 10 of 55

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number

1419393

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/15/2020	Brett Curle Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DBA: Brett Curle Telephone sales	\$200.00	\$200.00	2020G: \$200.00
9/1/2020	Lori Davidson Carmel-by-the-Sea, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$1,000.00	\$1,000.00	2020P: \$1,000.00 2020G: \$1,000.00
9/1/2020	Don Chapin Company Salinas, CA 93907	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020G: \$1,000.00
7/4/2020	Nicole Dorfman Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Small Business Owner	\$130.00	\$330.00	2020P: \$500.00 2020G: \$180.00
8/8/2020	Nicole Dorfman Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Small Business Owner	\$200.00	\$530.00	2020P: \$500.00 2020G: \$380.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>		CALIFORNIA FORM 460
Page <u>11</u> of <u>55</u>		
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2020	Michael Dowling Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Insurance Practice	\$300.00	\$300.00	2020G: \$300.00
9/18/2020	Dave Durringer Grover Beach, CA 93433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Protective Law Corporation Attorney	\$125.00	\$125.00	2020G: \$125.00
7/10/2020	Ken DuVall Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$250.00	\$250.00	2020G: \$250.00
8/3/2020	Elect Bob Nolan Marina, CA 93933 Committee ID: 1408587	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2020G: \$100.00
8/8/2020	***RETURNED*** Elect Bob Nolan Marina, CA 93933 Committee ID: 1408587	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		(\$100.00)	\$0.00	
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
through <u>09/19/2020</u>		
		Page <u>12</u> of <u>55</u>
		I.D. Number 1419393

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vicki Nohrden For Senate 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/12/2020	Dorothy Errea San Ardo, CA 93450	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	2020P: \$100.00 2020G: \$100.00
9/19/2020	Timothy Eskel San Jose, CA 95121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	2020G: \$100.00
9/1/2020	David Fawcett San Luis Obispo, CA 93401-7829	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
7/1/2020	Kathryn Fay Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Daycare Provider	\$200.00	\$501.00	2020P: \$600.00 2020G: \$301.00
7/21/2020	Kathryn Fay Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Daycare Provider	\$20.00	\$521.00	2020P: \$600.00 2020G: \$321.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 13 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/4/2020	Kathryn Fay Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Daycare Provider	\$200.00	\$721.00	2020P: \$600.00 2020G: \$521.00
9/4/2020	Kathryn Fay Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Daycare Provider	\$200.00	\$921.00	2020P: \$600.00 2020G: \$721.00
9/17/2020	Kathryn Fay Chico, CA 95928	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Daycare Provider	\$200.00	\$1,121.00	2020P: \$600.00 2020G: \$921.00
7/29/2020	James Ferguson' Carmel-by-the-Sea, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
7/7/2020	Rudy Fischer Pacific Grove, CA 93950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$199.00	2020P: \$99.00 2020G: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
through <u>09/19/2020</u>		
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NAME OF FILER

Vicki Nohrden For Senate 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/12/2020	Kathy Forgnone Lockwood, CA 93932	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$300.00	2020P: \$200.00 2020G: \$200.00
7/21/2020	Lars Frieberg Salinas, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salinas Valley Ford Owner	\$100.00	\$1,100.00	2020P: \$1,000.00 2020G: \$100.00
7/4/2020	Debbie Frye Templeton, CA 93465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
7/22/2020	Marilyn Galli Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25.00	\$150.00	2020P: \$195.00 2020G: \$25.00
8/22/2020	Marilyn Galli Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$20.00	\$170.00	2020P: \$195.00 2020G: \$45.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 15 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/3/2020	Lynne Gamble Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$150.00	2020G: \$150.00
9/18/2020	Shelly Gill Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Financial Advisor	\$200.00	\$200.00	2020G: \$200.00
8/23/2020	Robert Grillo Los Osos, CA 93402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
8/19/2020	Grove for Senate 2022 Bakersfield, CA 93309-7438 Committee ID: 1414696	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
7/28/2020	Mary Lea Harris Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$700.00	2020P: \$500.00 2020G: \$200.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>		CALIFORNIA FORM 460 Page <u>16</u> of <u>55</u>
I.D. Number 1419393		

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NAME OF FILER

Vicki Nohrden For Senate 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/2/2020	Denise Hayes Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
8/4/2020	Denise Hayes Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$300.00	2020G: \$300.00
8/22/2020	Patrick Healy Carmel-by-the-Sea, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$250.00	\$250.00	2020G: \$250.00
7/28/2020	Janet Hedges Templeton, CA 93465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
7/29/2020	Dave Hodgins Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pathfinder Companies Management Consultant	\$100.00	\$100.00	2020G: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 17 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

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7/1/2020	Anita Horner Rio Dell, CA 95562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020P: \$140.00 2020G: \$100.00
9/15/2020	Anita Horner Rio Dell, CA 95562	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$200.00	2020P: \$140.00 2020G: \$200.00
7/2/2020	Kris Hurst Scotts Valley, CA 95066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$600.00	2020P: \$650.00 2020G: \$100.00
8/17/2020	Patricia Jacobs Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DBA: Patricia Jacobs Caterer	\$175.00	\$175.00	2020G: \$175.00
8/7/2020	Kathy Jarrid Los Osos, CA 93402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$200.00	2020G: \$200.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>		CALIFORNIA FORM 460
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NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

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8/7/2020	Kathy Jarrid Los Osos, CA 93402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$200.00	2020G: \$200.00
8/22/2020	Gerry Johnson San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$200.00	2020G: \$200.00
7/21/2020	Jeanette Johnson Humboldt,, IA 50548	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$200.00	2020P: \$500.00 2020G: \$100.00
9/4/2020	Jeanette Johnson Humboldt,, IA 50548	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$300.00	2020P: \$500.00 2020G: \$200.00
9/17/2020	Dawn Jones Salinas, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$200.00	\$200.00	2020G: \$200.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
through <u>09/19/2020</u>		
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NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

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7/21/2020	Ryan Kelly Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$175.00	2020P: \$100.00 2020G: \$75.00
8/10/2020	Robert Klenck Baywood-Los Osos, CA 93402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DBA: Robert Klenck Orthopedic Surgeon	\$200.00	\$200.00	2020G: \$200.00
7/29/2020	Peter Kuo Santa Clara, CA 95054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peter Kuo Insurance Agency Insurance Agent	\$100.00	\$120.20	2020G: \$120.20
9/19/2020	Michael Lewis Grover Beach, CA 93433	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$150.00	\$150.00	2020G: \$150.00
9/19/2020	Charles Ludeman Carmel-by-the-Sea, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$200.00	\$400.00	2020P: \$200.00 2020G: \$200.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
through <u>09/19/2020</u>		
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8/15/2020	Diane Mack-Williams Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nvidia Sr program mgr	\$100.00	\$100.00	2020G: \$100.00
8/15/2020	Diane Mack-Williams Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nvidia Sr program mgr	\$100.00	\$100.00	2020G: \$100.00
7/4/2020	Juanita McDaniel Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$205.00	\$255.00	2020G: \$255.00
7/18/2020	Gregory McNece Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Davisville Properties, Inc. Vp	\$2,000.00	\$2,000.00	2020G: \$2,000.00
9/19/2020	Sylvie Mendes Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$500.00	\$500.00	2020G: \$500.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
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NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

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8/11/2020	Barbara Mikelonis Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$200.00	2020G: \$200.00
8/6/2020	Lynn Miller Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$200.00	2020G: \$200.00
7/3/2020	Laura Mordaunt San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Activist	\$50.00	\$100.00	2020P: \$100.00 2020G: \$100.00
8/6/2020	Heather Moreno Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Friends of Heather Moreno for Atascadero Mayor 2020 Mayor	\$200.00	\$200.00	2020G: \$200.00
8/6/2020	Michael Mullen Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$250.00	2020G: \$250.00
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>		CALIFORNIA FORM 460 Page <u>22</u> of <u>55</u>
I.D. Number 1419393		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vicki Nohrden For Senate 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/8/2020	Michael Mullen Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$300.00	\$550.00	2020G: \$550.00
8/22/2020	George Narancic San Jose, CA 95125	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$200.00	2020G: \$200.00
7/10/2020	Susan Needleman Templeton, CA 93465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	2020G: \$100.00
8/6/2020	Lorie Noble Morro Bay, CA 93442	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$125.00	\$425.00	2020P: \$100.00 2020G: \$325.00
8/17/2020	Robert Nolan Marina, CA 93933	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	2020G: \$100.00
SUBTOTAL						

*Contributor Codes
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 23 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/4/2020	Teresa Novak Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Grocery's retail	\$125.00	\$125.00	2020G: \$125.00
9/16/2020	Bill Nowinski Templeton, CA 93465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$200.00	2020G: \$200.00
8/13/2020	Patricia Odum Los Osos, CA 93402	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cal State University Monterey Bay Nurse Practitioner	\$200.00	\$250.00	2020G: \$250.00
8/22/2020	Danny Oster Santa Margarita, CA 93453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$200.00	\$200.00	2020G: \$200.00
7/10/2020	Palomar Homes Paso Robles, CA 93446	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020G: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 24 of 55
		I.D. Number 1419393

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vicki Nohrden For Senate 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2020	Audrey Pannier Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$217.00	2020P: \$150.00 2020G: \$217.00
7/21/2020	Audrey Pannier Turlock, CA 95380	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$20.00	\$237.00	2020P: \$150.00 2020G: \$237.00
7/29/2020	Diana Phillips Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pro Document Solutions CEO	\$1,000.00	\$1,000.00	2020G: \$1,000.00
8/19/2020	Diana Phillips Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pro Document Solutions CEO	\$400.00	\$1,400.00	2020G: \$1,400.00
7/29/2020	Lori Pratt Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unipro Computer Programmer	\$500.00	\$500.00	2020G: \$500.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 25 of 55

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Vicki Nohrden For Senate 2020	I.D. Number 1419393
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2020	Lori Pratt Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unipro Computer Programmer	\$300.00	\$1,000.00	2020G: \$1,000.00
8/19/2020	Lori Pratt Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unipro Computer Programmer	\$200.00	\$1,000.00	2020G: \$1,000.00
7/10/2020	PTNOVAK INC Atascadero, CA 93422	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2020G: \$500.00
8/22/2020	PTNOVAK INC Atascadero, CA 93422	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$700.00	2020G: \$700.00
7/18/2020	Kosta Radisavljevic Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$150.00	\$150.00	2020G: \$150.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
through <u>09/19/2020</u>		
		Page <u>26</u> of <u>55</u>
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2020	Chad Rava Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DBA: Chad Rava Farmer	\$500.00	\$500.00	2020G: \$500.00
8/19/2020	Laurinda Roberts Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Realtor	\$200.00	\$200.00	2020G: \$200.00
7/10/2020	Susan Rodeck Templeton, CA 93465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vintage Storehouse Owner	\$100.00	\$150.00	2020G: \$150.00
7/27/2020	Joseph Rouleau San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$1,000.00	\$1,000.00	2020P: \$500.00 2020G: \$1,000.00
8/8/2020	Joseph Rouleau San Luis Obispo, CA 93401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$1,200.00	2020P: \$500.00 2020G: \$1,200.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
through <u>09/19/2020</u>		
		Page <u>27</u> of <u>55</u>
		I.D. Number 1419393

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NAME OF FILER

Vicki Nohrden For Senate 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/20/2020	Steve Scheiderer Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
9/12/2020	Paulette Scoville Templeton, CA 93465	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$500.00	\$500.00	2020G: \$500.00
8/11/2020	Scudder Roofing Co Marina, CA 93933	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2020P: \$1,000.00 2020G: \$1,000.00
9/14/2020	Sara Semmes Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mobile Fuller Director	\$200.00	\$200.00	2020G: \$200.00
7/21/2020	Bonnie Shaffer Big Bear, CA 92314	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$25.00	\$442.00	2020P: \$300.00 2020G: \$442.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 28 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/10/2020	Chris Shake Monterey, CA 93940	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Old Fisherman's Grotto Self	\$2,500.00	\$2,500.00	2020G: \$2,500.00
7/6/2020	Trudi Sharp Mount Hermon, CA 95041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Limelight Home Staging Home Stager	\$100.00	\$100.00	2020G: \$100.00
7/20/2020	Susan Shaw Salinas, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	2020G: \$100.00
9/17/2020	John Shaydak Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	2020P: \$50.00 2020G: \$100.00
8/19/2020	Linelle Soxman Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$50.00	\$100.00	2020G: \$100.00

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vicki Nohrden For Senate 2020

I.D. Number

1419393

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2020	Beverly Steinbeck Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steinbeck Vineyard Grape Grower	\$500.00	\$500.00	2020G: \$500.00
8/19/2020	Beverly Steinbeck Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steinbeck Vineyard Grape Grower	\$200.00	\$700.00	2020G: \$700.00
7/29/2020	Eugene Strehler Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Property Manager	\$300.00	\$300.00	2020G: \$300.00
9/17/2020	Sunnyside Sinclair, Inc Fresno, CA 93727	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2020G: \$100.00
9/9/2020	Russ&Jeanette Taylor Cayucos, CA 93430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 30 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/19/2020	John Texeira Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$500.00	\$600.00	2020G: \$600.00
7/29/2020	Connie Thompson Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Filiponi & Thompson Drilling Well Driller	\$1,000.00	\$1,000.00	2020G: \$1,000.00
8/11/2020	Jamie Tougas Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$200.00	2020G: \$200.00
9/19/2020	Sharon Treat Salinas, CA 93908	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$300.00	\$600.00	2020P: \$500.00 2020G: \$300.00
8/26/2020	Sande Triggs Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 31 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2020	Sandra Triggs Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	2020G: \$100.00
8/31/2020	Sue Walters Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$200.00	\$200.00	2020G: \$200.00
8/19/2020	Carol Whitney Santa Margarita, CA 93453	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$200.00	\$250.00	2020G: \$250.00
9/15/2020	John Whitworth Atascadero, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Corps Classics Small Business Owner	\$100.00	\$100.00	2020P: \$100.00 2020G: \$100.00
9/14/2020	Cheryl Wiczorek Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 32 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. Number 1419393

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2020	Cheryl Wieczorek Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$100.00	\$100.00	2020G: \$100.00
8/1/2020	David Wieczorek Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$500.00	\$500.00	2020G: \$500.00
8/19/2020	David Wieczorek Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$750.00	\$1,250.00	2020G: \$1,250.00
9/19/2020	David Wieczorek Paso Robles, CA 93446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$400.00	\$1,650.00	2020G: \$1,650.00
8/8/2020	Gary Williams San Miguel, CA 93451	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Cowboy/Dog Trainer	\$100.00	\$100.00	2020G: \$100.00
SUBTOTAL				\$40,995.00		

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PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vicki Nohrden For Senate 2020

I.D. NUMBER

1419393

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Vicki Nohrden Seaside, CA 93955	Retired None			<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$10,000.00 DATE DUE	 % RATE	\$10,000.00 12/2/2019 DATE INCURRED	CALENDAR YEAR \$0.00 PER ELECTION** 2020P: \$10,000.00 2020G: \$3,028.05
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00						
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 % RATE		CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 % RATE		CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS						\$10,000.00		

Schedule B Summary

1. Loans received this period. _____ \$0.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____ \$0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** \$0.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
	Page <u>34</u> of <u>55</u>
I.D. Number 1419393	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Vicki Nohrden For Senate 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Vicki Nohrden For Senate 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/15/2020	The Mighty Slingshot Salinas, CA 93901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Inkind contribution for website build	\$4,700.00	\$4,700.00	2020G: \$4,700.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$4,700.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$4,700.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$4,700.00

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	07/01/2020	CALIFORNIA FORM 460	
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		I.D. NUMBER 1419393	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Vicki Nohrden For Senate 2020

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460 Page 37 of 55 I.D. NUMBER 1419393
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Vicki Nohrden For Senate 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$37.10
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$83.60
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$2.40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$36,694.21
2. Unitemized payments made this period of under \$100.	\$270.39
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$36,964.60

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Vicki Nohrden For Senate 2020		I.D. NUMBER 1419393

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$3.40
Santa Clara County Registrar of Voters San Jose, CA 95112	FIL		Ballot Statement	\$4,630.00
San Luis Obispo County Clerk San Luis Obispo, CA 93408	FIL		Ballot statement	\$2,330.00
Monterey County ROV Salinas, CA 93901	FIL		Ballot Statement fee	\$5,022.00
Santa Cruz County ROV Santa Cruz, CA 95060	FIL		Ballot Statement Fee	\$5,452.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Vicki Nohrden For Senate 2020		I.D. NUMBER 1419393

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Communications, Inc San Rafael, CA 94903	PRO		Compliance and Accounting	\$250.00
Integrated Solutions: Political San Diego, CA 92116	OFC		Compliance software	\$50.00
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$12.30
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$52.90
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$14.20

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Vicki Nohrden For Senate 2020		I.D. NUMBER 1419393

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$16.60
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$6.60
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$21.20
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$8.30
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$129.20

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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NAME OF FILER Vicki Nohrden For Senate 2020		I.D. NUMBER 1419393

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$24.90
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$67.70
Navy Federal Credit Union Monterey, CA 93943	OFC		Credit Card Bill	\$3,989.03
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$8.60
Maverick Capital Atascadero, CA 93422	CNS		Consulting Fees	\$3,750.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
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NAME OF FILER Vicki Nohrden For Senate 2020		I.D. NUMBER 1419393

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$9.60
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$1.70
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$7.30
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$12.60
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$4.30

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Vicki Nohrden For Senate 2020		I.D. NUMBER 1419393

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$1.30
Rendell Aguisanda San Diego, CA 92116	WEB		Graphic design	\$390.00
The Mighty Slingshot Salinas, CA 93901	CNS		Consulting services	\$2,079.25
Maverick Capital Atascadero, CA 93422	CNS		Consulting retainer	\$2,880.00
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$7.79

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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NAME OF FILER Vicki Nohrden For Senate 2020		I.D. NUMBER 1419393

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$16.86
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$4.30
Political Communications, Inc San Rafael, CA 94903	PRO		Compliance and accounting	\$250.00
Integrated Solutions: Political San Diego, CA 92116	OFC		Compliance software	\$50.00
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$20.46

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER Vicki Nohrden For Senate 2020		I.D. NUMBER 1419393

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$30.80
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$4.90
Maverick Capital Atascadero, CA 93422	CNS		Consulting retainer	\$2,484.90
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$29.90
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$9.90

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 46 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. NUMBER 1419393

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$10.00
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$1.10
Political Communications, Inc San Rafael, CA 94903	PRO		Compliance and accounting	\$250.00
Anedot New Orleans, LA 70112	OFC		Credit Card Fees	\$4.30
Marieke Desmond Salinas, CA 93901	CNS		Consulting Fees	\$1,807.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 47 of 55
NAME OF FILER Vicki Nohrden For Senate 2020		I.D. NUMBER 1419393

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Navy Federal Credit Union Monterey, CA 93943	OFC		Credit Card Bill-See Schedule F for transactions	\$363.92

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$36,694.21

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
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NAME OF FILER
Vicki Nohrden For Senate 2020

I.D. NUMBER
1419393

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Navy Federal Credit Union Monterey, CA 93943	OFC Credit Card Bill	\$0.00	\$3,452.22	\$0.00	\$3,452.22
Navy Federal Credit Union Monterey, CA 93943	OFC Credit Card Bill-See Schedule F for transactions	\$363.92	\$0.00	\$363.92	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$363.92 \$3,452.22 \$363.92 \$3,452.22

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$3,452.22
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$363.92
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$3,088.30
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Vicki Nohrden For Senate 2020

I.D. NUMBER
1419393

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Navy Federal Credit Union

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon Seattle, WA 98109	OFC		Paraphernalia	\$125.63
Vistaprint Waltham, MA 02451	OFC		Printed Materials	\$151.19
Amazon Seattle, WA 98109	OFC		Paraphernalia	\$26.73
Amazon Seattle, WA 98109	OFC		Paraphernalia	\$32.30

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$335.85

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 50 of 55

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Vicki Nohrden For Senate 2020

I.D. NUMBER
1419393

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Navy Federal Credit Union

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amazon Seattle, WA 98109	OFC		Paraphernalia	\$48.45
Costco Sand City, CA 93955	FND		Event refreshments	\$109.50
Costco Sand City, CA 93955	FND		Event refreshments	\$164.25
Gavilan Printers Salinas, CA 93907	LIT		Printed Materials	\$311.02

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$633.22

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Vicki Nohrden For Senate 2020

I.D. NUMBER
1419393

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Navy Federal Credit Union

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nautical Cowboy Atascadero, CA 93422	TRC		Meals	\$108.36
Office Depot Sand City, CA 93955	OFC		Office Supplies	\$120.74
Pangaea Carmel-By-The-Sea, CA 93923	TRC		Meals	\$106.98
Tarpy's Roadhouse Monterey, CA 93940	TRC		Meals	\$111.14

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$447.22

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 52 of 55

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Vicki Nohrden For Senate 2020

I.D. NUMBER
1419393

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Navy Federal Credit Union

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Carlton Hotel Atascadero, CA 93422	OFC		Lodging-Candidate	\$206.30
Victory Companies Davenport, IA 52802	OFC		Paraphernalia	\$722.06
Victory Companies Davenport, IA 52802	OFC		Paraphernalia	\$775.98
Amazon Seattle, WA 98109	OFC		Paraphernalia	\$393.24

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2097.58

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
	Page 53 of 55

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Vicki Nohrden For Senate 2020

I.D. NUMBER
1419393

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 07/01/2020

through 09/19/2020

CALIFORNIA
FORM **460**

Page 54 of 55

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Vicki Nohrden For Senate 2020

I.D. NUMBER

1419393

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$0.00
- Unitemized increases to cash under \$100 this period..... \$0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$0.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: A-1072

Elect Bob Nolan-20200808-Additional Contribution Information: Refund-Check drawn on terminated committee